

d1625

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.:

10751720

FILING DATE

1-5-04

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
NO	DEP	NO	DEP	NO	DEP	
1						
2						
3						
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50						
TOTAL IND.	4					
TOTAL DEP.	19					
TOTAL CLAIMS	23					

CLAIMS						
	NO	DEP	NO	DEP	NO	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						